| Effective January 1, 2003  |  |   |                          |                               |              |                  |      |                 |                        |                               |                     |                        |  |
|--|--|---|--------------------------|-------------------------------|--------------|------------------|------|-----------------|------------------------|-------------------------------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                          |                               |              |                  |      |                 | NTITY                  | OTHER THAN<br>OR SMALL ENTITY |                     |                        |  |
| TOTAL CLAIMS   |  |   | .30                      |                               |              |                  | R/   | RATE            |                        |                               | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED             |                               | NUMBER EXTRA |                  | BAS  | C FEE           | 375.00                 | OR                            | BASIC FEE           | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 3 <sup>C</sup> minus 20= |                               | * [C         |                  | XS   | X\$ 9=          |                        | OR                            | X\$18=              | 160                    |  |
| INDEPENDENT CLAIMS   |  |   | 4 minus 3 =              |                               | • ,          |                  | X4   | X42=            |                        | OR                            | X84=                | 11                     |  |
| MU   | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT                   |                               |              |                  | +1   | +140=           |                        | OR                            | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                          |                               |              |                  | TO   | TOTAL           |                        | OR                            | TOTAL               | 16:4                   |  |
| CLAIMS AS AMENDED - PART II  |  |   |                          |                               |              |                  |      |                 |                        |                               | OTHER               |                        |  |
| 5-4-05 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST   |  |   |                          |                               |              |                  | SM   | ALL             | ENTITY                 | OR                            | SMALL               | ENTITY                 |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | PAID                          | BER          | PRESENT<br>EXTRA | R/   | TE              | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | · 3D                                      | Minus                    | <b>44</b> 3                   | 6            | = \              | X    | 9=              |                        | OR                            | X\$18=              |                        |  |
|  | Independent  | * 4                                       | Minus                    | ###                           | 4            | =                | X    | 2=              |                        | OR                            | X84=                | •                      |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                          |                               |              |                  | +1   | 10=             |                        | OR                            | +280=               |                        |  |
|  |  |   |                          |                               |              |                  |      | OTAL            |                        | OR                            | TOTAL<br>ADDIT, FEE |                        |  |
| ADDIT. FEE ADDIT. FE ADDIT. FE   |  |   |                          |                               |              |                  |      |                 |                        |                               | ·                   |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>SUSLY | PRESENT<br>EXTRA | R/   | TE              | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus                    | **                            |              | =                | XS   | 9=              |                        | OR                            | X\$18=              |                        |  |
|  | Independent  | *<br>NTATION OF MI                        | Minus                    | PENDENT                       | CLAIM        | =                | X    | 2=              |                        | OR                            | X84=                |                        |  |
|  |  |   | JEIN CE DE               | ENDEN                         | ODAN         |                  | +14  | <del>1</del> 0= |                        | OR                            | +280=               |                        |  |
|  |  |   |                          |                               |              |                  | ADDI | OTAL            |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |  |
|  |  | (Column 1)                                |                          | (Colur                        |              | (Column 3)       |      | . ,             |                        |                               | ADDII. FEE          |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGH<br>NUM<br>PREVIO<br>PAID | BER          | PRESENT<br>EXTRA |      | TE              | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                    | **                            |              | =                | X\$  | 9=              |                        | OR                            | X\$18=              |                        |  |
|  | Independent  | ±   | Minus                    | ***                           | . 01 411     | =                | X4   | 2=              |                        | OR                            | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                          |                               |              |                  |      | 10=             |                        | OR                            | +280=               |                        |  |
| * if the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, aster 20. |  |   |                          |                               |              |                  |      |                 | OR                     | TOTAL                         |                     |                        |  |
| ***  | The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                          |                               |              |                  |      |                 |                        |                               |                     |                        |  |
| FORM PTO-873 (Rev. 12/02) "II S. Government Printing Office 2003_400_464/70011 Patent and Trademark Office IJ S. DEPARTMENT OF COMMERCE  |  |   |                          |                               |              |                  |      |                 |                        |                               |                     |                        |  |

**Application or Docket Number**